MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

Reg. Diat. No. 078462

1. PLACE OF DEATH:
County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John Howard Bullock

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1896

8. AGE: Years 51 | Months 3 | Days 27 | If less than one day ... hrs. ... min.

9. Birthplace Bridgeville, Delaware
(Town, county, and state)
10. Usual occupation Planter
11. Industry or business Building

FATHER
12. Name Charles Bullock
13. Birthplace Delaware

MOTHER
14. Maiden name Jamie Jamison
15. Birthplace Delaware

16. Informant Louis Bullock
Address Denton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 16, 1947 (month) (day) (year)
Cemetery or crematory Denton
Location Denton, Md.

18. Funeral director J. Virgil Moore Son
Address Denton, Md.

19. 9/16 1947 (Date rec'd by registrar) Wm D Forge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1947, at 7A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Due to Acute Myocarditis	Few minutes
Alcoholism	
Due to Arteriosclerosis	7
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Newton T George M. D. or other
Address Denton Date signed 9/16/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

07845

CERTIFICATE OF DEATH

Reg. Diat. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Carl Francis Cooper

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Annie Cooper
6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Nov 25 1877

8. AGE: Years 69 | Months 10 | Days 19 | If less than one day: hrs. min.

9. Birthplace: Denton, Caroline, Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: James Cooper
13. Birthplace: Denton, Md

MOTHER
14. Maiden name: Caroline (unknown)
15. Birthplace: Denton, Md

16. Informant: Mrs. Annie Cooper
Address: Denton, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Sept 17, 1947
(month) (day) (year)
Cemetery or crematory: Denton
Location: Denton, Md

18. Funeral director: J. Virgil Moore & Son
Address: Denton, Md

19. 9/15 1947 Wm & D Funeral
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 14 1947 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Due to: Cardiac Arrhythmia	Sudden
Due to: Arteriosclerosis	5 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Dawson L. George M. D. or other
Address: Denton Date signed: 9/15/47

VS A15 3-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

07846

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
County Caroline
City or town Near Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Near Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Flora Roberta Cooper

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6.(b) Name of husband or wife Harry S. Cooper
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1878

8. AGE: Years 69 | Months 1 | Days 13 | If less than one day hrs. min.

9. Birthplace Antwerp, Ohio
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles L. Fitch
13. Birthplace New York

MOTHER
14. Maiden name Nancy Brumbaugh
15. Birthplace Ohio

16. Informant Harry S. Cooper
Address Greensboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 6, 1947 (month) (day) (year)
Cemetery or crematory Denton
Location Denton, Md.

18. Funeral director J. Virgil Moore & Son
Address Denton, Md.

19. Sept 5 1947 L. Mildred Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3, 1947 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9 1946 to Sept. 3 1947
and that I last saw her alive on Sept. 2 1947

Immediate cause of death Coronary Thrombosis — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles V. Frazier M. D.
M. D. or Coroner
Address Greensboro, Md. Date signed Sept 5, 1947.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170C

07847

CERTIFICATE OF DEATH

Reg. Diat. No. 61

MW

1. PLACE OF DEATH:
County: Caroline
City or town: Whitleysburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Highway -
How long in hospital or institution? IV

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Delaware County: Kent
City or town: Harrington
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Delaware Ave.,
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Robert Marvin Dill

3.(b) Social Security Number: 222-16-2661

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single -

6.(b) Name of husband or wife: ✓
6.(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Feb. 21 - 1929

8. AGE: Years: 18 | Months: 6 | Days: 14 | If less than one day: hrs. min.

9. Birthplace: Greensboro Md.
(Town, county, and state)

10. Usual occupation: Employee - Dupont Co.

11. Industry or business: Seaford. Del.

FATHER
12. Name: Harvey Dill
13. Birthplace: Greensboro. Md. R.D.

MOTHER
14. Maiden name: Gertrude Jones
15. Birthplace: Goldsboro Md. R.D.

16. Informant: Harvey Dill
Address: Harrington. Del.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Sep 8-1947 (month) (day) (year)
Cemetery or crematory: Hollyvale -
Location: Harrington. Del.

18. Funeral director: Mrs. T. H. Boyer
Address: Harrington - Del.

19. 9/8 19 47 L. MacPherson (Registrar)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 5 19 47 at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Fractured Cervical Vertebra — DURATION: immediate

Due to: Shock

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:

Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

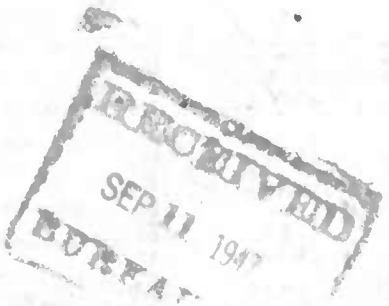
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of 9/5/47
Where did injury occur: Whitleysburg (City or town) Caroline (County) Md. (State)
Injured at home, farm, industry, public place (where?): Highway -
Means of injury: Automobile accident Injured at work? no

23. SIGNATURE: Aaron D. George
Deputy medical examiner M. D. or other
Address: Denton Date signed 9/6/47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

132

B 1178483

CERTIFICATE OF DEATH

Reg. Diat. No. .....

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 weeks

Hospital, Institution, or street address where death occurred:

Jonestown

How long in hospital or Institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County Philadelphia

City or town Philadelphia

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5919 Mc Mahon Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Clifford H. Johnson

3. (b) Social Security Number 160 - 18 - 1489

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) December 1, 1904

8. AGE:

Years	Months	Days	If less than one day
42	9	26	..... hrs. ..... min.

9. Birthplace Preston, Maryland, R.F.D. (Town, county, and state)

10. Usual occupation Day laborer

11. Industry or business Brass and Iron Foundry

FATHER 12. Name Lonas Johnson

13. Birthplace Dorchester County, Maryland

MOTHER 14. Maiden name Elizabeth Hooper

15. Birthplace Taylor's Island, Maryland

16. Informant Edward H. Johnson

Address 220 E. Ellena St., Philadelphia, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof October 1, 1947 (month) (day) (year)

Cemetery or crematory Jonestown Cemetery

Location Near Preston, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. Oct. 1 1947 C. W. Plummer

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 1947 at 6:10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1947 to Sept. 27 1947 and that I last saw him alive on Sept. 27 1947

	DURATION
Immediate cause of death Nephritis	2 mo.
Due to Hypertension Probably	a year
Due to	
Other conditions Myocardial failure	3 weeks

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE S. Paul Trotta M.D. M. D. or other

Address Denton Md Date signed 9/29/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

07849

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:
County Caroline
City or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 Months
Hospital, institution, or street address where death occurred: Stewart Hospital
How long in hospital or institution? 3 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME Elijah Edward Luff

3. (b) Social Security Number ✓

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Laura
6.(c) If alive, give age: 90 years
7. Birth date of deceased (mo., day, yr.): April 21 - 1859
8. AGE: Years 88 Months 4 Days 16 If less than one day ... hrs. ... min.
9. Birthplace: Greensboro Caroline Md. (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: No Record
13. Birthplace: No Record

MOTHER
14. Maiden name: No Record
15. Birthplace: No Record

16. Informant: Mrs. Laura Luff
Address: Greensboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/9/47 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro, Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro, Md.

19. Sept 9 1947 L. MacLuskie (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 6 1947 at 8.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 24 1947 to Sept. 6 1947 and that I last saw him alive on Sept. 5 1947

	DURATION
Immediate cause of death: Uremia Hypocondria	
Due to: Arteriosclerosis Cardiovascular Disease	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury: ... Injured at work?

23. SIGNATURE: Charles H. Smith M.D. (M. D. or other)
Address: Greensboro Md Date signed 9-8-47

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16/2

07850

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Rural - Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Rural - Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Treuhaven neck
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: William Allen Nichols

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	single

8.(b) Name of husband or wife: —
8.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 17-1947

8. AGE: Years | Months | Days: 3 | If less than one day: hrs. min.

9. Birthplace: Rural - Denton, Caroline Co. - Md
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: James M. Nichols
13. Birthplace: Ridgely Md

MOTHER
14. Maiden name: Henrietta Wilson
15. Birthplace: Philadelphia Pa

16. Informant: James M. Nichols
Address: Denton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-21-47 (month) (day) (year)
Cemetery or crematory: Denton Cem -
Location: Denton

18. Funeral director: Jas. M. Nichols - Father
Address: Denton

19. 9/20 19 47 Mae George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 20 19 47 at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 20 19 47 to Sept 20 19 47 and that I last saw him alive on Sept. 20 19 47

	DURATION
Immediate cause of death: Atelectasis	3 days
Due to: Apparently due to failure to expand lungs after birth.	3
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Paul Watts M.D. M. D. or other
Address: Denton Md Date signed 9/30/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 43 d

07851

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:
County: Caroline
City or town: Ridgely (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Ridgely (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Bernard Clarence Ringgold
3. (b) Social Security Number

4. Sex: M
5. Color or race: W
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Margaret Cherry
6.(c) If alive, give age: 63 years
7. Birth date of deceased (mo., day, yr.): July 20, 1881

8. AGE: Years: 66 Months: 2 Days: 1 If less than one day ... hrs. ... min.

9. Birthplace: Ridgely, Caroline, Md. (Town, county, and state)
10. Usual occupation: Builder
11. Industry or business

FATHER
12. Name: William Ringgold
13. Birthplace: Maryland

MOTHER
14. Maiden name: Alice Long
15. Birthplace: Maryland

16. Informant: Mrs. Margaret Cherry Ringgold
Address: Ridgely, Maryland

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Sept 24, 1947 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro, Md.

18. Funeral director: J. Virgil Moore & Son
Address: Denton, Md.

19. Sept 24 1947 (Date rec'd by registrar) E. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 21 1947, at 8:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 9 1947, to September 21 1947
and that I last saw him alive on September 21 1947

	DURATION
Immediate cause of death: Myocardial [illegible]	
Due to: General Arteriosclerosis	10 yr
Due to:	
Other conditions: Gastro colic fistula 12a	1 mo
Sub-[illegible] abscess 12a	8

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: George [illegible] M. D. or other
Address: Ridgely, Md. Date signed: 9/24/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

07852

Reg. Dist. No. .....

1. PLACE OF DEATH:

County ..... Caroline

City or town ..... Greensboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ..... four months

Hospital, institution, or street address where death occurred:

.....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ..... Md. County ..... Caroline

City or town ..... Town of Hillsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No. .....

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME Erma Pearl Sparkman

3.(b) Social Security Number .....

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fe	W.	Widow

6.(b) Name of husband ~~or wife~~ Isaac Sparkman

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1874

8. AGE: Years 72 | Months 11 | Days 0 | If less than one day .....hrs. .....min.

9. Birthplace Hillsboro Maryland (Town, county, and state)

10. Usual occupation at Home

11. Industry or business .....

FATHER 12. Name Harrison Smith

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Louisa Seward

15. Birthplace Maryland

16. Informant Irvin Sparkman (Son)

Address Hillsboro, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 9-15-47 (month) (day) (year)

Cemetery or crematory Freemont Cemetery

Location Hillsboro, Md. R.F.D.

18. Funeral director Virgil Evans & Son

Address Denton Md.

19. 9/15 1947 (Date rec'd by registrar) Mrs. O. Fenge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12 1947 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1941 to Sept 12 1947

and that I last saw h[illegible] alive on Sept 10 1947

Immediate cause of death Chronic myocarditis with myocardial failure

DURATION

Due to Arteriosclerosis of the coronary arteries

Due to General arteriosclerosis

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Kurt Ledder M.D.

M. D. or other

Address Queen Anne Md Date signed 9/15/47

VS-A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

07853

CERTIFICATE OF DEATH

Reg. Diat. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Caroline

City or town Greensboro Md. R.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline

City or town Greensboro R.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Whiteley burg -

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Delilah Jane Steward

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Widowed

6.(b) Name of husband or wife: Benj. F. Steward

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 13 - 1857

8. AGE: Years 79 | Months 10 | Days 3 | If less than one day ..... hrs. ..... min.

9. Birthplace Johnstown, Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Daniel Rager

13. Birthplace Cambria County - Pa

MOTHER 14. Maiden name Tina Rager

15. Birthplace Cambria County Pa

16. Informant George M. Steward

Address Greensboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sep. 19. 1947 (month) (day) (year)

Cemetery or crematory Denton, Md. Cemetery

Location Denton Md

18. Funeral director (Mrs.) K. M. Boyer

Address Harrington. Del.

19. Sept 16 1947 (Date rec'd by registrar) K. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 1947, at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10 1947, to Sept. 16 1947 and that I last saw her alive on Sept. 15 1947

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Hemiplegia	
Due to	
Other conditions General Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Charles H Stevenson M.D.

M.D. or other

Address Greensboro, Md. Date signed 9-17-47.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

182

07854

Reg. Diat. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: William Orville Swann.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	w	widower

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mar. 1st 1874

8. AGE:

Years	Months	Days	If less than one day
73	6	8	..... hrs. ..... min.

9. Birthplace: Queen Anne County (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER

12. Name: William Swann

13. Birthplace: Queen Anne County

MOTHER

14. Maiden name: Malvila Mason

15. Birthplace: Ridgely. Md.

16. Informant: Austin Swann

Address: Harrington. Del.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 9-12-47 (month) (day) (year)

Cemetery or crematory: Green Mount Cemetery

Location: Hillsboro. Md.

18. Funeral director: J. Virgil Myers & Son

Address: Denton. Md.

19. 9/12 1947 (Date rec'd by registrar) Mrs O Funk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 9 1947 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 1947 to Sept 9 1947

and that I last saw him alive on Sept 8 1947

Immediate cause of death	DURATION
Due to: Cerebral Hemorrhage	6/8/47
Due to: Bright's Disease	10 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Lawson D. George M. D. or other

Address: Denton Date signed 9/11/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 518

CERTIFICATE OF DEATH

07855

Reg. Diat. No. 62

1. PLACE OF DEATH:
County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME FRANK THOMAS

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife Mallie
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 7, 1872

8. AGE: Years 75 | Months 6 | Days 12 | If less than one day ..... hrs. ..... min.

9. Birthplace Williston, Caroline, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Tolen Thomas
13. Birthplace Maryland

MOTHER
14. Maiden name Elizabeth Baker
15. Birthplace Md.

16. Informant Mrs. Frank Thomas
Address Denton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 23, 1947 (month) (day) (year)
Cemetery or crematory Denton Cemetery
Location Denton, Md.

18. Funeral director J. Virgil Masterson
Address Denton, Md.

19. 9/23 47 M D Hayes Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20, 1947, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10, 1947, to Sept 20 1947
and that I last saw h alive on 19

Immediate cause of death	DURATION
Carcenoma of Prostate	4 mos (?)
a metastases to spine	
Due to	
Due to	
Other conditions Senile Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. H. Greenfield M.D. M. D. or other
Address Greensboro Md. Date signed Sept 23 1947

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

07856 61
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Stewart Hospital
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Fredrick Weissenborn

3.(b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Auguste
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): No Record

8. AGE: Years	Months	Days	If less than one day
89			..... hrs. ..... min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: ✓

FATHER
12. Name: No Record
13. Birthplace: No Record

MOTHER
14. Maiden name: No Record
15. Birthplace: No Record

16. Informant: Stewart Hospital
Address: Greensboro Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof 9/28/47 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro, Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro, Md.

19. Sept 28, 1947 (Date rec'd by registrar) L. Mac Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 26 1947 at 1:30 A.M.,

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1, 1945, to Sept 25 1947 and that I last saw him alive on Sept. 25 1947

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to Arteriosclerotic C.V. Disease	
Due to	
Other conditions Bronchiectasis	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Chas. V. Stevenson M.D. M. D. or other
Address: Greensboro, Md. Date signed 9-27-47